

**NOTIFICATION OF INCOMPLETE
FOSTER FAMILY HOME APPLICATION**

DATE: _____

FOSTER FAMILY HOME NAME: _____

FOSTER FAMILY HOME FILE NUMBER _____

- ☐ This incomplete application package is being returned to you. Items in Section A must be completed and submitted as a total package.
- ☐ Your application for a license remains incomplete as we have not received the items checked below. Please forward the requested information within 30 days. If this information is not received by _____, your application will be considered withdrawn.

SECTION A - LICENSING APPLICATION DOCUMENTS**SECTION B - PLACEMENT MATCHING DOCUMENTS**

- ☐ A1. Foster Family Home Application (LIC 283)
- ☐ A2. Applicant Information (LIC 215)
For: _____
NAME OF PERSON(S)
- ☐ A3. Out-Of-State Disclosure & Criminal Record Statement (LIC 508D)
For: _____
NAME OF PERSON(S)
- ☐ A4. Child Abuse Central Index (CACI) Check (LIC 198 or LIC 198A)
For: _____
NAME OF PERSON(S)
- ☐ A5. Out-Of-State Child Abuse/Neglect Report Request (LIC 198B)
For: _____
NAME OF PERSON(S)
- ☐ A6. Fingerprint Submission
For: _____
NAME OF PERSON(S)
- ☐ A7. Control of Property
- ☐ A8. Verification of Completed Orientation
- ☐ A9. Emergency Plan for Foster Family Homes (LIC 610B)
- ☐ Other _____

- ☐ B1. Health Screening Report (LIC 503)
- ☐ B2. Verification of completed first aid and age appropriate CPR training.
- ☐ B3. Verification of completion or enrollment in 12 hours of required foster parent training
- ☐ B4. Bacteriological Analysis of Private Water Supply (When Water for Human consumption is from a Private Source)
- ☐ B5. Local Fire Inspection Authority Information (LIC 9054)
To be completed by the applicant(s) who intends to serve children that are non-ambulatory, disabled or require special health care needs.

☐ Other _____

LICENSING EVALUATOR'S SIGNATURE _____

PHONE NUMBER _____